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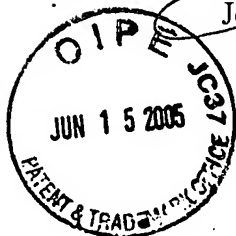
PATENT
Attorney Docket No.: 022358-001410US

I hereby certify that this is being deposited with the United States Postal
Service "Express Mail Post Office to Address" service under 37 CFR 1.10
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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

By: 

Jordan Magat



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Rodney PEARLMAN

Application No.: 10/515,981

Filed: November 24, 2004

For: THERAPEUTIC METHODS

Examiner: Not yet assigned

Art Unit: Not yet assigned

TRANSMITTAL LETTER –
RESPONSE TO NOTIFICATION OF
MISSING REQUIREMENTS

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Notification of Missing Requirements, dated April 19, 2005,
enclosed are the following to be made of record in the above-identified application:

- 1) Executed Declaration;
- 2) Supplemental ADS; and
- 3) Copy of Notification of Missing Requirements.

Please charge Deposit Account No. 20-1430 for the following fees as authorized
on the enclosed Fee Transmittal:

Small Entity: (a) Surcharge for late filing of Oath or Declaration \$65

TOTAL FEES TO BE CHARGED: \$65

The Commissioner is hereby authorized to charge any additional fees associated with this paper or during the pendency of this application, or credit any overpayment, to Deposit Account No. 20-1430 as authorized on the enclosed Fee Transmittal sheet.

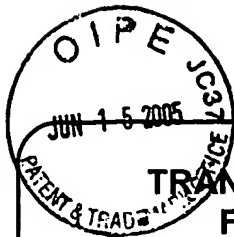
Respectfully submitted,


Randolph Ted Apple
Reg. No. 36,429

Customer No. 20350

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6-17-05

JC10 Rec'd PCT/PTO 15 JUN 2005

PTO/SB/21 (09-04)

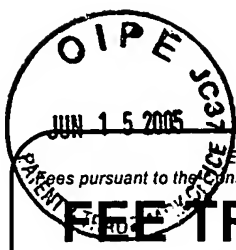
PC 1/8

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/515,981	
	Filing Date	November 24, 2004	
	First Named Inventor	Pearlman, Rodney	
	Art Unit	Not yet assigned	
	Examiner Name	Not yet assigned	
Total Number of Pages in This Submission	11	Attorney Docket Number	022358-001410US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form - 1 pg in duplicate (2 pgs total) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application (2 pgs) <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration (1 pg); Supplemental ADS (3 pgs); Copy of Notification of Missing Requirements (2 pgs); and Return Postcard
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Randolph Ted Apple		
Date	06/15/2005	Reg. No.	36,429

CERTIFICATE OF TRANSMISSION/MAILING			
Express Mail Label: EV 530 892 937 US			
I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on June 15, 2005 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Jordan-Magat	Date	06/15/2005



JUN 15 2005

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ 65)**Complete if Known**

Application Number	10/515,981
Filing Date	November 24, 2004
First Named Inventor	Pearlman, Rodney
Examiner Name	Not yet assigned
Art Unit	Not yet assigned
Attorney Docket No.	022358-001410US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity		Fees Paid (\$)
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
	-20 or HP =	x	=			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
	-3 or HP =	x	=

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Surcharge for late filing of Oath or Declaration

65

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 36,429	Telephone 650-326-2400
Name (Print/Type)	Randolph Ted Apple		Date 06/15/2005